CAPITAL CASE OVERSIGHT COMMITTEE PROXY DESIGNATION FORM

Members may either complete this form or provide the information indicated below in a similar fashion or by email. Proxy designations should be sent to:

Mark Meltzer, Committee Staff, Administrative Office of the Courts

Phone number: (602) 452-3242 Fax number: (602) 452-3480 E-mail: mmeltzer@courts.az.gov

Hon. Ronald Reinstein, Chair

To:

Please send the information prior to the meeting that the proxy will be attending.

Mark Meltzer, Commit	ttee Staff
I (please print your name), _	
will be unavoidably absent	from the Capital Case Oversight Committee meeting
scheduled for April 04, 2013.	Accordingly, I hereby designate the following individual
to act as my proxy for this mee	eting:
Phone Number [optional]	
Date S	Signature of Committee Member